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EXAMINATION OF STRATEGIES AND ACTIVITIES TO REDUCE ILLICIT DEMAND FOR DRUGS

Development, implementation and evaluation of national strategies and programmes to control substance abuse

Report of the Secretariat

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Summary

Some worldwide trends have emerged in the development, implementation and evaluation of national strategies and programmes to reduce substance abuse. Demand reduction has become an integrated part of drug control strategies in many countries. Programmes and projects of different size and quality are being implemented everywhere, but the number of countries that have adopted comprehensive national strategies to reduce drug abuse is still limited.

There seem to be more national coordinating bodies coordinating activities implemented by other agencies than defining policies and implementing programmes themselves. Many countries have centralized national coodinating bodies that involve mainly ministries and government organizations. Only a few of the bodies are open to representatives of non-governmental organizations and private organizations. A limited number of national coordinating bodies have a decentralized structure that reaches the local and municipal levels. The existence of such a body, however, does not guarantee a coordinated demand reduction strategy. In most cases such bodies act as focal points for initiatives and programmes of different ministries and agencies and do not actively coordinate programmes.

The involvement of non-governmental organizations in national strategies for the reduction of illicit drug demand is more prevalent in the Americas and in Europe than in other regions.

Many prevention activities involve the use of the media. Training is provided to teachers, to treatment and rehabilitation personnel and, to a lesser extent, to professionals in preventive education. There has been an increase in the extent of drug education in schools, which has mainly focused on the rejection of drug misuse in favour of healthier lifestyles. Prevention activities are generally lacking among occasional users and certain groups at risk. Basic treatment is often available only through the voluntary sector, and integrated rehabilitation and social reintegration programmes remain sparse.

INTRODUCTION

1. For the preparation of the present report, the Secretary-General sent a note verbale dated 2 August 1993 to the Governments of Member and non-Member States, requesting them to provide up-to-date information on national strategies and related international cooperation efforts in the field of demand reduction. The Secretary-General received replies from only 13 of the 188 Governments to which the note verbale was sent; therefore, most of the analysis provided in the present report is based on material that had already been received and on other information such as government replies to the annual reports questionnaire in the period 1983-1992, national reports and documents, and reports of the International Narcotics Control Board. Given the lack of replies and the different material available, it has been difficult to compare the situation of individual countries. Nevertheless, regional trends and directions in drug demand reduction are examined in the present report. In addition, some relevant information based on replies to the annual report questionnaire is provided in the report of the Secretariat entitled "Drug abuse: extent, patterns and trends, 1983-1992" (E/CN.7/1994/4).

2. In its resolution 1993/35, the Economic and Social Council urged the United Nations International Drug Control Programme (UNDCP) to facilitate access to and to disseminate information received from Governments regarding the development, implementation and evaluation of national strategies and programmes to control substance abuse. Moreover, the Commission on Narcotic Drugs, at its thirty-sixth session, decided to include a separate item on the provisional agenda for its thirty-seventh session to permit an in-depth discussion of demand reduction. 1/

3. Also at the thirty-sixth session of the Commission, reference was made to the World Ministerial Summit to Reduce the Demand for Drugs and to Combat the Cocaine Threat, held in London from 9 to 11 April 1990 (A/45/262, annex), and to the increased attention the Commission had decided to give to demand reduction. Emphasis was placed on the need to schedule regional meetings on demand reduction organized along lines similar to the regional meetings of Heads of National Drug Law Enforcement Agencies. The Executive Director of UNDCP was invited to keep that question under review. In addition, the attention of the Commission was drawn to the usefulness of receiving at its thirty-seventh session a report on progress achieved with respect to various decisions taken and mandates established by the World Ministerial Summit. 2/

4. Pursuant to the decisions taken by the World Ministerial Summit, the results of efforts made by Governments, in cooperation with UNDCP, to reduce illicit drug demand are described in the present document. Emphasis is placed on the development and implementation of national strategies and other efforts made to reduce drug abuse by preventive education and media campaigns and by mobilization of the human and economic resources in society (government agencies, local and municipal authorities, non-governmental organizations, trade unions and entrepreneurs, communities and individuals). The present report also provides information on what has been done in each region to improve treatment services and social reintegration for drug-dependent persons.

5. In reviewing and analysing the implementation of national strategies and international cooperation in the field of demand reduction, the following criteria have been used:

(a) The existence of a national coordinating body as an independent unit established by the government to define policies and implement activities to

reduce the illicit demand for drugs, or as an office for the coordination of different government agencies and ministries;

(b) The presence of activities aimed at preventing the use of illicit drugs by educating potential users about the risks and problems associated with such use, in particular the dangers of intravenous drug abuse, in addition to prevention activities aimed at helping people who use illicit drugs, particularly those who use such drugs intravenously, to stop using them;

(c) The use of the media to promote information and awareness campaigns directed at the general public, with universal messages on drug prevention, in addition to more focused campaigns targeting special groups at risk (e.g. campaigns to prevent human immunodeficiency virus (HIV) infection among intravenous drug abusers);

(d) The provision of training to professionals dealing with demand reduction activities in the fields of treatment and rehabilitation and prevention; the provision of basic training to professionals from different areas who are likely to be faced with drug abuse problems in their activities (medical doctors, teachers, nurses, community leaders etc.) in order to ensure that they have a basic knowledge of demand reduction, and early identification by teachers and medical staff of drug abuse (fundamental to effective intervention);

(e) The implementation of treatment and rehabilitation programmes in order to limit or reduce to a minimum some of the worst effects of drug abuse (the purpose of which may be to limit the extent of not only physical illnesses but also criminal behaviour by providing information and education, substitute drugs, care and counselling, and syringes or bleach);

(f) The involvement of the community of non-governmental organizations, which has a wide range of expertise (some non-governmental organizations have extensive experience in drug demand reduction and others have one or more programmes for the reduction of illicit drug demand);

(g) The extent of regional and international cooperation in exchanging experiences, ideas on projects, and methodologies (cooperation involving the legal aspects of demand reduction, regional training, and research and information systems could be further developed).

OVERVIEW OF NATIONAL STRATEGIES TO FIGHT DRUG ABUSE AND REDUCE ILLICIT DRUG DEMAND

6. Some worldwide trends have emerged in the development, implementation and evaluation of national strategies and programmes to reduce drug abuse. Demand reduction has become an integrated part of drug control strategies in many countries. Programmes and projects of different size and quality are being implemented everywhere, but the number of countries that have adopted comprehensive national strategies to reduce drug abuse is still limited.

7. There seem to be more national coordinating bodies coordinating activities implemented by other agencies than national coordinating bodies defining policies and implementing programmes themselves. Many countries have centralized national coordinating bodies that involve mainly ministries and government organizations. Only a few of the bodies are open to representatives of non-governmental organizations and private organizations. A limited number have a

decentralized structure that reaches the local and municipal levels. The existence of such a body does not guarantee a coordinated demand reduction strategy. In most cases such bodies are focal points of initiatives and programmes of different ministries and agencies and do not actively coordinate programmes.

8. The involvement of non-governmental organizations in national strategies for the reduction of illicit drug demand is more prevalent in the Americas and in Europe than in other regions.

9. Most primary prevention activities involve the use of the media. Training is provided to teachers, to treatment and rehabilitation personnel and, to a lesser extent, to professionals in preventive education. There is a tendency to concentrate efforts on campaigns that have as their aim the rejection of drug abuse in favour of healthier lifestyles. The campaigns tend to influence attitudes towards drugs but they are not sufficient to bring about a significant change in people's behaviour. The number of focused campaigns is limited. Prevention activities are generally lacking among occasional users and certain groups at risk.

10. Most of the training efforts are aimed at professionals in the area of treatment and rehabilitation and, in some cases, at teachers in the form of on-the-job training. Basic training in demand reduction for health staff and for media specialists could be further developed. Training in demand reduction issues could also be extended to law enforcement professionals.

A. National strategies and programmes to control substance abuse, by region

1. Africa

11. National strategies to control substance abuse have been reported in six African countries (Kenya, Namibia, Senegal, Sierra Leone, South Africa and Togo). Comprehensive drug control plans are being developed in other countries such as Burkina Faso and Côte d'Ivoire. Although national strategies have not been reported elsewhere in Africa, activities aimed at reducing illicit drug demand have been undertaken. The adoption and implementation of comprehensive drug control plans could be further developed in Africa. In five countries non-governmental organizations have been involved in activities against drug abuse.

2. Americas

12. About one half of the countries in the Americas have defined national strategies to control substance abuse. The national strategies have different priorities; in general, however, each of the countries with a national strategy also has a coordinating agency at the ministerial level and follows a balanced approach to dealing with drug problems, emphasizing both illicit supply and demand. The countries in question generally have prevention activities and the media is involved in the demand reduction strategies. Not many countries have reported prevention efforts targeting groups at risk. Treatment and rehabilitation are available in most countries in the region. The training of a wide range of professionals is common. The involvement of non-governmental organizations in demand reduction efforts varies from country to country. In some countries, non-governmental organizations are active in the area of treatment and rehabilitation and in raising public awareness. In other countries, they are involved in national demand reduction programmes in a limited way, if

at all. In Grenada, non-governmental organizations are official members of the national coordinating body. Many countries in the Americas participate in regional or international cooperation efforts.

3. Asia and the Pacific

13. Only eight countries in Asia and the Pacific have adopted a comprehensive strategy, combining prevention activities, early identification and a mix of treatment approaches delivered by government and non-government agencies. Another indicator of a comprehensive approach to demand reduction is the involvement of non-governmental organizations in demand reduction activities. In 10 countries in Asia and the Pacific, non-governmental organizations have a recognized role in national demand reduction strategies. Their role is not always to participate in and enrich the demand reduction activities of the Government; in some cases, non-governmental organizations act as substitutes for the Government in implementing demand reduction programmes in areas not reached by official assistance.

4. Europe

14. Over half of the European countries have defined national strategies that include demand reduction. The national strategies may have different priorities but most of them tend to follow a balanced and coordinated approach to combating drug abuse. Nearly all the European countries include at least primary prevention programmes in their national strategy. In half of the countries, the media has been used in prevention efforts. Only a few countries in the region do not have any treatment and rehabilitation programmes. The training of professionals is common in many countries in the region. The role of non-governmental organizations is important in many countries both in treatment and rehabilitation initiatives and in preventive education. Non-governmental organizations are partly responsible for the treatment of drug-dependent persons. Such organizations play an important role in raising awareness in many countries, but they rarely participate in the decision-making process at the governmental or regional level, for example in defining national strategies and programmes. Most countries have participated in some kind of regional and/or international cooperation to control drug abuse, although not necessarily in the field of demand reduction.

5. Near and Middle East

15. Of the 15 countries in the Near and Middle East, only Israel seems to have a complete and comprehensive national strategy for the reduction of illicit drug demand and to follow a balanced approach to drug control. The involvement of non-governmental organizations is not widespread in the Near and Middle East. In the Islamic Republic of Iran, religion-based non-governmental organizations play an active role in drug abuse control. Israel has a defined role for such organizations in its national strategy.

B. National coordinating bodies, by region

1. Africa

16. National coordinating bodies were reported in 27 countries in Africa. The chairmanship of national coordinating bodies varies from country to country, but it generally involves the ministry of health, home affairs or education. In some countries in northern and western Africa with national

coordinating bodies, the authority to implement programmes is limited mainly because the legal framework is lacking.

2. Americas

17. Those national coordinating bodies that exist in the Americas often consist of representatives from the ministries of education, health, interior, social affairs, defence, foreign affairs and justice. In only a few countries has the ministry of education not been included in coordinating activities. Few countries have representatives from regional or local governments. Non-governmental organizations are, according to the information available, only part of the national coordinating bodies in Grenada.

3. Asia and the Pacific

18. National ccordinating bodies have been established in 15 countries in Asia and the Pacific in the form of special offices or as committees coordinating the activities of the ministries concerned. Most of the coordinating agencies in the region tend to stress the role of supply reduction activities. Demand reduction efforts usually complement supply reduction efforts.

4. Europe

19. National coordinating bodies have been established in half of the European countries. The national coordinating bodies often include the ministries of education, health, interior, labour and social affairs, defence and justice. Some national coordinating bodies have decentralized structures that reach the regional and community levels. Non-governmental organizations rarely participate in national coordinating bodies on an official basis.

5. Near and Middle East

20. Eight of the 15 countries in the Near and Middle East have established national coordinating bodies. Most of the countries recognize the need for a national approach to prevent or reduce drug abuse but the focus is still more on supply reduction.

C. Efforts to implement national demand reduction strategies, by region

1. Africa

21. Prevention activities have been implemented in 22 countries in Africa, mainly through preventive education in school and in the workplace. In Ghana, prevention through education has been conducted in secondary schools since 1982 and drug education has been part of the national curricula for primary and secondary schools since 1990. Mauritius has implemented a comprehensive national education and prevention campaign involving all the relevant ministries.

22. Prevention activities for specific groups at risk have been reported in only five countries in Africa. Drug awareness campaigns have been conducted in 21 countries. These have tended to be limited in scope. Twenty countries in the region have made treatment programmes part of their national strategies. Treatment is not available in three countries. In 10 countries in the region, training for professionals in demand reduction is provided, usually in the area of preventive education.

2. Americas

23. There are drug prevention education programmes in primary and secondary schools in many countries in the Americas, although drug prevention is not always an integral part of the curricula. Prevention activities include the organization of seminars, courses and speeches and the distribution of posters and pamphlets, and the broadcasting of radio programmes. Cultural, recreational and sports activities targeting youth are also included in preventive efforts in most of the reporting countries in the region. Some prevention activities concentrate on drug abuse in the workplace; random drug testing in the workplace is used in some countries as a measure to prevent drug abuse among employees. Other prevention activities concentrate on counselling for intravenous drug abusers.

24. Many countries in the region have had drug information campaigns directed at youth or the general public. The types of treatment and rehabilitation include out-patient after-care services, individual and family therapy, maintenance programmes, self-help groups, syringe exchange programmes, counselling, follow-up programmes, vocational training and outreach programmes. Some programmes stress the importance of the social reintegration of former addicts. Treatment is free and voluntary in many countries in the region. In some countries, drug abusers are referred to psychiatric or general hospitals, to specialized detoxification clinics or to prisons. Psychiatrists, psychologists, social workers and former addicts are among those involved in the treatment of drug-dependent persons. In Guatemala, treatment services are delegated to the private sector.

25. The training of teachers and health personnel, usually in the form of on-the-job training, is common in the region. In a few countries, teachers receive training in drug-related subjects within the framework of their regular curricula. In Argentina, drug prevention and treatment are part of the basic and continuing education of doctors, nurses, pharmacists, law enforcement personnel and teachers. Law enforcement training for police and customs officers seems to be more developed than training for professionals in the field of demand reduction. There is no training in drug-related subjects for professions involving the media.

3. Asia and the Pacific

26. Although 15 out of 44 countries in Asia and the Pacific have national coordinating bodies, preventive education activities are carried out in 23 countries in the region. Basic information on the risk of substance abuse is given in schools, in health services and in communities. In the Republic of Korea, sports have been used to promote prevention activities. In the Philippines, there are a number of different prevention programmes targeting students, parents, professionals and youth. Prevention activities targeting groups at risk and drug abusers have been reported in only two countries in Asia and the Pacific. This shows that a comprehensive strategy to deal with all levels of prevention is needed in most of the countries in the region.

27. Information is usually associated with primary prevention activities and present in 19 countries in the region. The use of audiovisual recordings, radio messages, posters and other forms of communication is widespread. Most of the information campaigns reported have tended to be directed at the population at large and have usually been carried out in connection with special events, such as the International Day against Drug Abuse and Illicit Trafficking. As in other regions, treatment facilities and rehabilitation programmes

are considered a priority; they are found in 21 countries in Asia and the Pacific. In most cases, the treatment facilities are part of the ministry of health but they tend to be separated from the main health services. In other cases, treatment is managed by private organizations on behalf of the Government. The relapse rates reported in the region tend to be high. Social reintegration activities are not always part of treatment and rehabilitation programmes.

28. Australia developed, within the framework of its National Campaign against Drug Abuse, new residential and non-residential treatment services; and in 1990 a national survey of clients of drug treatment services was conducted. Only five States in the region list among their activities the training of professionals in demand reduction. The presence of such activities is generally associated with the existence of a national strategy covering most of the area of demand reduction.

4. Europe

29. In almost all the European countries, drug prevention programmes are carried out in schools. But only one third of the countries have included drug prevention or health education in school curricula. Many eastern European countries are in the process of integrating drug education and health education into school curricula. In most countries sport and cultural activities for youth are organized as part of preventive education. In some countries, parents and communities are involved in various preventive activities. Information on prevention programmes focusing on specific groups at risk could be further developed.

30. Public information campaigns, as well as campaigns directed at groups at risk, have been conducted in the majority of the European countries. In some countries, care is taken not to give detailed information on drug abuse in drug prevention campaigns in order to avoid generating curiosity among young people. Various types of treatment and rehabilitation are found. These include self-help groups, outpatient after-care services, therapy, counselling, follow-up programmes, maintenance programmes, vocational training, outreach programmes and syringe exchange programmes. In many countries, early identification of drug abusers is considered to be important to the success of treatment programmes. Methadone substitution programmes have been introduced in some countries, in Europe. In some cases, treatment is only available in State-run psychiatric institutions or in prisons. Rehabilitation programmes are absent in some eastern European countries. Treatment is generally free and voluntary.

31. Psychiatrists, psychologists, social workers and former addicts are among those often involved in the treatment and rehabilitation of drug-dependent persons. The training of persons in various professions involving demand reduction seems to be progressing. Teachers, health staff and police and customs officers receive such training in many countries; however, the training seems to be on-the-job training and is not included in the regular curricula of the various professions. The training of media professionals in drug-related subjects is not common.

5. Near and Middle East

32. Seven countries in the Near and Middle East are involved in primary prevention activities, although supply reduction is their primary concern. In the Islamic Republic of Iran, religious groups and clubs play a major role in

the implementation of prevention programmes. Prevention efforts aimed at groups at risk and drug abusers have been carried out in Bahrain, Israel and Oman. Treatment and rehabilitation are available free of charge in nine countries in the region. In Oman, treatment and rehabilitation policies call for legal methadone replacement therapy for established opiate addicts, replacement of injectable drugs with non-injectable and/or oral drugs, detoxification, psychotherapy and family therapy. In Oman, the Ministry of Social Affairs and Labour and the Ministry of Housing cooperate in the social reintegration of former drug addicts.

33. Drug awareness is being raised through the media in six countries in the region. Some countries do not implement prevention campaigns because they fear that such campaigns would generate curiosity among the youth population, attracting them to drug abuse rather than effectively preventing such abuse. In Israel, Oman, Pakistan and the Syrian Arab Republic, training activities have been developed for persons in professions involving demand reduction. In Oman, basic training in drug education is included in the educational curricula of doctors, nurses and law enforcement personnel.

D. Regional and international cooperation, by region

1. Africa

34. Regional cooperation is included as part of the drug control efforts being made in 24 countries in Africa. At the initiative of the Government of Gabon and with the support of the Government of France and UNDCP, a seminar on drug problems was held at Libreville from 3 to 8 December 1990 for the benefit of members of the Economic Community of Central African States (ECCAS). At the seminar, the principles of a subregional drug control strategy were formulated by the representatives of eight central African countries. Endorsing the recommendations of the Libreville seminar, the ECCAS conference of heads of state or government decided in April 1991 to implement that strategy by creating a subregional central African drug control technical committee with representatives of the national drug control interministerial committees and mandating the Secretary General of ECCAS to negotiate and sign financial and technical assistance agreements with donor countries and international organizations in the field of drug control.

35. The first meeting of ministers responsible for the coordination of drug control activities in western African States was held at Abidjan from 21 to 25 June 1993. At the meeting, it was decided that the drug control efforts of the countries in the subregion should be limited through the Economic Community of West African States and that adequate drug control structures and institutions should be established in the subregion, at both the national and the subregional levels, before June 1994.

2. Americas

36. Most countries in the Americas take part in either regional or international cooperation. Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay have participated in law enforcement cooperation. Cooperation between countries in the field of demand reduction seems to be weak. Some Governments have indicated that the exchange of information on primary education and the training of professionals could be further developed.

3. Europe

37. One third of the countries in Europe are members of the European Economic Community and a number of them are members of the Pompidou Group of the Council of Europe. Within the framework of those forums many countries cooperate in regional activities aimed at reducing illicit drug demand. The Nordic Committee on Narcotic Drugs has implemented a wide range of demand reduction activities. In general, regional and international cooperation is more common in the area of law enforcement than in demand reduction.

4. Near and Middle East

38. In the Near and Middle East, regional cooperation, which plays an important role in law enforcement and supply reduction, is scarce in the area of demand reduction.

F. Promotion of a balanced approach to drug control: expert forums on demand reduction

39. Since its establishment, UNDCP has been giving increasingly greater attention to demand reduction as Governments have pointed out on several occasions. In the past, more attention was paid to drugs of abuse through activities aimed at reducing and controlling their supply. There is a need to give increased attention to the people who abuse the drugs and to the reduction of illicit drug demand without competing with activities aimed at controlling illicit drug supply, thereby complementing and balancing the efforts of the international community. For this reason, UNDCP has increased its cooperation with Governments aimed at developing drug control master plans, establishing and strengthening national coordinating bodies, developing low-cost and effective methods to assess drug abuse extent, patterns and trends, and improving the planning and implementation of programmes and projects in the area of demand reduction.

40. The need for a more balanced approach has been reflected in the increased proportion of project activities in the area of demand reduction (27.1 per cent in the period 1992-1993 and an expected 28.9 per cent in the period 1994-1995) and in the increased role of multisectoral projects (which are expected to account for 19.5 per cent of all activities in the period 1994-1995).

41. At the subregional level, UNDCP organized the first expert forum on demand reduction in eastern and southern Africa at Nairobi from 1 to 5 November 1993. Representatives of national coordinating bodies and of ministries of health, education and social affairs participated in the forum, which was organized along lines similar to the regional meetings of Heads of National Drug Law Enforcement Agencies. Similar expert forums in Latin America, the Caribbean, western and central Africa and eastern Europe have been scheduled for 1994.

Notes

1/ Official Records of the Economic and Social Council, 1993, Supplement No. 9 (E/1993/9), para. 174.

2/ Ibid., para. 180.